

IHDA Homebuyer/Rehabilitation Program Application

Return completed application:
HomeStart
205 N. Church Street; Rockford, IL 61101;
Attn: Shelia Trevino 815-962-2650 (fax) or sheliat@nwhomestart.org

Applicant:		Social Security #:	
E-mail:		Head of Household?	[] Yes [] No
Phone Number:			
Mailing Address (including City, State & Zip code):			
Pending Address (including City, State & Zip code):			
Do you currently: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	First time buyer: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			
Education: <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> High school or equivalent <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Post-college			
Are you on active military status: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Co-Applicant:		Social Security #:	
E-mail:		Head of Household?	[] Yes [] No
Phone Number:			
Mailing Address (including City, State & Zip code):			
Pending Address (including City, State & Zip code):			
Do you currently: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	First time buyer: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			
Education: <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> High school or equivalent <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Post-college			
Are you on active military status: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No			

List the names and ages of the people planning to live in the new home below.	
Name & age:	Name & age:
Name & age:	Name & age:
Name & age:	Name & age:
List the annual income of all the people (age 18 & older) living in the property:	

Household type: <input type="checkbox"/> Female single parent <input type="checkbox"/> Male single parent <input type="checkbox"/> Married with dependents <input type="checkbox"/> Married without dependents <input type="checkbox"/> Other <input type="checkbox"/> Single adult <input type="checkbox"/> Two or more unrelated adults		
Prior to this application, did your household live in public housing or receive rental assistance such as		
Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	
Within the past two (2) years, have you sold any assets (stocks, bonds, real estate, etc) for less than fair market value? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate the asset sold, its value, and the amount of money you received from the sale.		
Will anyone be living in the home that is physically disabled, 62 years of age or older or under the age of 6?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which?		
Will modifications be necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOW DID YOU HEAR ABOUT THE REHAB PROGRAM?		
<input type="checkbox"/> Contacted Office	<input type="checkbox"/> Internet	<input type="checkbox"/> Through the Mail
<input type="checkbox"/> Neighbor/Friend	<input type="checkbox"/> Event/Seminar	<input type="checkbox"/> Referral from another agency
<input type="checkbox"/> Realtor	<input type="checkbox"/> Lender	

Lender Information

Loan officer(s): _____ Lending institution: _____

Realtor: _____

Information for Government Monitoring Purposes

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for).

Applicant	
<input type="checkbox"/> I do not wish to furnish this information.	
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	
<input type="checkbox"/> Amer. Indian/Alaska Native	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Amer. Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> Amer. Indian/Alaskan Native & White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Other Multi-Racial
<input type="checkbox"/> Asian/White	<input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

Co-Applicant	
<input type="checkbox"/> I do not wish to furnish this information.	
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	
<input type="checkbox"/> Amer. Indian/Alaska Native	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Amer. Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> Amer. Indian/Alaskan Native & White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Other Multi-Racial
<input type="checkbox"/> Asian/White	<input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to furnish this information.

Applicant Signature

Date

Birthdate

Applicant Signature

Date

Birthdate

HomeStart does not discriminate against any applicant on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance or handicap. In addition, HomeStart does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, it's federally assisted programs and activities.	For HomeStart use only:		
	Date/time Received:		
	#:		Good Faith Estimate
	Call 1:		
	Call 2:		
	Call 3:		